name	IT-540	<u> </u>	CLIP W-2S, EXTEN					eled	Fil ctron	e ically!		e
nge, obox.	2007	LOUISI	ANA F	RES	IDEN	T					ouisia	ana.gov
dece- filing,	Your first name		Init. Last name			Suffix	→	Т	П	ТП	П	Your Social Security Num
use edent,	If joint return, sp	ouse's name	Init. Last name			Suffix	→	Ť	Ħ	Ш	Ħ	Spouse's So Security Nun
address		ddress (number and street including	ng apartment number or ru	ral route)						IMPOR	TANT!	
ige, - k box.	•				710					t your SSN shown on y		e in the same
	City, town, or AP	0		Stat	e ZIP		L					urn, mark this b
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	Print a "	1" in box if single.		6 EX	EMPTIONS:			0.5				,
		 in box if married filin in box if married filin 		6A)	Yourself			65 or older		Blind		
	Print a "	4" in box if head of hou 5" in box if qualifying w	sehold. ≭	6B	Spouse			65 or older		Blind		Total of 6A & 6B
	14	person is not your dependent,	` '									
6C DEPE	NDENTS – Print have more than 6 o	dependent information be dependents, attach a statem	elow. ent to your return wit	th the required	l information.							
Fi	rst Name	Last Name	Social Security	y Number	Relationsh	nip to y	you	Bir	th Date	(MM/DD/YY	YY)	_
												6C
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												6C of Fed Form 1040
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If you ar	e not required t	to file a federal				IVIAI K	.1115	DUX a	nu ente	1 2610 0	OII LINE	10.
Í	return, indica	te wages here.	,	تا. الـــــــــــــــــــــــــــــــــــ								
7 FEDE Federa	return, indica RAL ADJUSTED G al Form 1040EZ, Li	ROSS INCOME - Print the ine 4, OR Federal Form 104	OA, Line 21, OR	יים. רו	From Louisiana Schedule E,	a						
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7 FEDE Federa Federa amour your F	return, indica RAL ADJUSTED G Al Form 1040EZ, L al Form 1040, Line nt from Line 5C. Ma rederal Adjusted G mplete Lines 8A th	ROSS INCOME - Print the ine 4, OR Federal Form 104 in 37. If Louisiana Schedule Eark the box showing Scheduross Income is less than zer through 8D if you did not it	OA, Line 21, OR is used, print the lle E was used. If o, print "0." emize your deduction		From Louisiana Schedule E, attached	_ [],[, 🔲	_ 00
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7 FEDE Federa Federa Amour your F Do not cor federal rett 8A FEDE itemize Sched 8B FEDE itemize 8C EXCE the res 8D 57.5% Print tl 9 FEDE has be See in	return, indica RAL ADJUSTED G al Form 1040EZ, Li al Form 1040, Line nt from Line 5C. Ma rederal Adjusted G mplete Lines 8A th urn, or if Line 29 f RAL ITEMIZED DE e, print the amount lule A, Line 29 RAL STANDARD D e and your filing sta SS FEDERAL ITEM sult here. Leave bla be EXCESS FEDER, he result here. Rou RAL INCOME TAX een decreased by a structions for Sche a LOUISIANA TAX entry form 1040EZ, and 1040	AL ITEMIZED DEDUCTION Audit of the nearest dollar. AL ITEMIZED DEDUCTION Audit of the deduction of the nearest dollar.	io A, Line 21, OR is used, print the ile E was used. If o, print "0." emize your deductic e A is blank. if you did not itemize. ductions from Federal county of the print \$10,700; otract Line 8B from Li Multiply Line 8C by Leave blank if you if federal income ta we did not item is and the print \$10,700; otract Line 8B from Li I federal income ta we did not item is and the print \$10,700; otract Line 8B from Li Lines 8D and 9 from	If you did Form 1040,	From Louisians Schedule E, attached	8A 8B 8C	ļ,	,			,	. 00
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NO	NREFUNDABLE TAX CREDITS									
12A	FEDERAL CHILD CARE CREDIT - Print the amount from your 2007 Federal Form 1040A, Line 29, or 2007 Federal Form 1040, Line 47. Important! See instructions, page 19. This amount will be used to compute your 2007 Louisiana Nonrefundable Child Care Credit.	12A		, E	Π		0	0		
12B	2007 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income (AGI) must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 31.		12	В],		Ī	j.	00	
12C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS – See Nonrefundable Child Care Credit Worksheet, page 31.		12	c [],].	00	
13	EDUCATION CREDIT- A credit of \$25 is available for each qualified dependent who attended school from kindergarten through 12th grade for at least part of the year. Multiply the number of qualified dependents by \$25 and print the result.	. <u></u>	. <u> 1</u>	3],].	00	
14	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11],],	Ц	4	₫.	00	
15	TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 12B through 14 and print the result	.	Ц],	Ц	4	₫.	00	ļ
16	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 15 from Line 11 and print the result. If you are not required to file a federal return, or if less than zero, print "0."	╛,			,	Ш		₫.	00	
17	CONSUMER USE TAX You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet, page 20, Line 2 17],],].	00	
18	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17 and print the result],			,].	00	
REI	FUNDABLE TAX CREDITS AND PAYMENTS									
19	2007 REFUNDABLE LOUISIANA CHILD CARE CREDIT – Your Federal AGI must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See Refundable Child Care Credit Instructions, page 28.		1	9],].	00	
	19A Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 29, Line 3	19A		, \square			. 0	0		
	19B Print the amount from the Refundable Child Care Credit Worksheet, page 29, Line 6	19B		, [. 0	0		
20	LOUISIANA CITIZENS INSURANCE CREDIT – See instructions, page 20.		20],		\perp].	00	
21	OTHER REFUNDABLE TAX CREDITS - From Schedule F, Line 5],			,	Ц	4	₫.	00	
22	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2007 - Attach W-2 Form(s)	▋,	Ш		,	Ш		╝.	00	
23	AMOUNT OF CREDIT CARRIED FORWARD FROM 2006],],].	00	
24	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING - See instructions, page 20. Enter name of partnership],],].	00	
25	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2007],],].	00	
26	AMOUNT PAID WITH EXTENSION REQUEST],],].	00	
27	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 19, 20 through 26 and print the result. Do not include amounts on Line 19A and 19B],],		\perp].	00	
28	OVERPAYMENT – If Line 27 is equal to Line 18, print zero "0" on Lines 28 through 42 and go to Line 43. If Line 27 is greater than Line 18, subtract Line 18 from Line 27 and print the result here. <i>Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty.</i> If Line 27 is less than Line 18, print zero "0" on Lines 28 through 41 and go to Line 42],],].	00	
29	UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 32 and Form R-210R. If you are a farmer, see instructions on page 20 and check the box],],].	00	
30	ADJUSTED OVERPAYMENT - If Line 28 is greater than Line 29, subtract Line 29 from Line 28 and print the result. If Line 29 is greater than Line 28, print zero "0" here, subtract Line 28 from Line 29,	Ī			1		T	Ī	00	ĺ

Print your Social Security Number.



WEB

COMPLETE AND SIGN RETURN ON NEXT PAGE.



	www.revenue.lo	ouisiana.	gov			F	Print yo	ur Soc	ial Se	ecurity N	umbe	r. (F						Т		
			J			1/		F)										Ť		
Am	ount of Line 30 you w	ish to donat	e to:			V	VL												ſ	00	
31	THE MILITARY FAMILY	ASSISTANCE	FUND – S	See instr	ructions	s, page 20					3	31		믬	,	님		님	· ¦		
32	THE START PROGRAM	l – See instructi	ons, page	20							3	32			,	Ц		Ц	۰	00	
33	WILDLIFE HABITAT AND	D NATURAL HE	RITAGE	TRUST I	FUND -	– See inst	ructions,	page 20			3	33			,	Ц		Ц	١٠	00	
34	LOUISIANA CANCER TE	RUST FUND -	Prostate (Cancer –	- See ir	nstructions	s, page 2	20			3	34			,	Щ		Ц	إ٠	00	
35	LOUISIANA ANIMAL WE	ELFARE COMM	ISSION -	See ins	struction	ns, page 2	20				3	35			,	Ш		Щ	إ٠	00	
36	LOUISIANA HOUSING T	TRUST FUND -	See insti	ructions,	page 2	20					3	36			,	Ш		Ш	إ٠	00	
37	COMMUNITY-BASED PI	RIMARY HEAL	TH CARE	FUND -	- See ir	nstructions	s, page 2	20			3	37			,	Ш		Ш	<u>. [</u>	00	
38	TOTAL DONATIONS – A	Add Lines 31 thr	ough 37.	Print the	e result	here						3	88				,				. 00
39	SUBTOTAL – Subtract L amount of overpayment	ine 38 from Line available for cre	e 30 to de edit or refu	etermine und	the						39		,				,				. 00
40	AMOUNT TO BE CREDI that you wish to credit to	ITED TO 2008 2008	NCOME	TAX – P	Print the	amount o	of Line 39	9	(CREDIT	. 40		,				,	\Box			. 00
41	AMOUNT TO BE REFUN See Address 2 below	NDED – Subtra	ct Line 40	from Lir	ne 39 a	and print th	ne result.		F	REFUND	41		,				,				00
42	AMOUNT YOU OWE – I and print the result. If yo an overpayment, go to L	If Line 18 is great	ater than	Line 27,	then su	ubtract Lin	ne 27 from	m Line 18	3 lina				,				,				00
43	ADDITIONAL DONATIO												,				,				00
44	INTEDECT From the In	ntarast Calaulat	ion Monte	abaat na	00	line E					44			П				Т	٦		00
44 45	INTEREST – From the In	FNAI TY										H	,	П		H	'	Ħ	Ħ		00
40	From the Delinquent Filin										. 45	H	,			H	,	#	=	H	· =
46	DELINQUENT PAYMEN Worksheet, page 32, Lin	ie 7	rom Delin	quent Pa	ayment	Penalty C	Jalculatio	on 			. 46		,	Щ		Ц	,	4	ᆜ	Щ	. 00
47	UNDERPAYMENT PENA Form R-210R. If you are	ALTY - See inst a farmer, see i	ructions fon nstruction	or Under s on pag	paymei ge 21 a	nt Penalty Ind check	, page 32 the box.	2 and	[]	. 47		,	Ш			,				. 00
48	BALANCE DUE LOUISIA For electronic payment of	ANA - Add Lines	s 42 throu	igh 47 ar	nd print	t the result	t.	. PAY TH	IS AM	OUNT	. 48						, [Т			00
	Mail to: LOUISIANA DE	PARTMENT OF	REVEN	JE, P O	Box 35	550, Bator	n Rouge,	LA 708	21-35	50.		DΟ	N	01	Γ 5	S E I	N D	С	AS	SH	
	declare that I have examormation. If I made a contr																				
	sistance in order to prope																				iaiiciai
Yo	ur signature			Date		Your occup	pation			Signature	of paid	prepa	arer c	ther	than	taxpa	yer				
Spo	ouse's signature (If filing joi	intly, both must s	sign.)	Date		Spouse's	occupatio	on		Telephone	numbe	r of p	aid p	repar	er				Da	ate	
Are	a code and daytime tele	ephone numbe	er 😽							Paymen	t			Soc				Num aid p			N, or
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ı	ndividual Income Ta	ax Return	р Г		Mail A					ax Returi	ns								_		
	Calendar year retu 5/15/2008.	ırn due	Ad	2	T		Box 344			440				- 0	F YC	UR F	EDI	IIT A ERAL JIREC	. RE		
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Routing code

6822

	ATTACH TO RETURN IF COMPLETED.	Print your S	Socia	l Sed	curit	y Nı	ımbe	er. (F								I
200	7 ADJUSTMENTS TO INCOME									L	OU	ISIA	NA	S	CHED	UL	E.
1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If le						Γ	Т	1.		Т	Т			П	1.	0
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND T Print the amount of interest and dividend income not reported on your f See instructions, page 21.	federal return th	at is t	axable	to L	ouisia			. 2	Ī	Ī		,].	0
2A	RECAPTURE OF START CONTRIBUTIONS - See instructions, page 2	21							2A		L		,].	0
3	TOTAL – Add Lines 1, 2, and 2A and print the result.					. 3	Г	Τ	1.	Г	Π	Г	١. ا			٦.	0
	MPT INCOME – Print on Lines 4A through 4H the amount of exempted or description and associated code, along with the dollar amount. Se						1.						. / !				
	EXEMPT INCOME DESCRIPTION			COL	DE							ΑM	OU	NT			
4A					Ε		. 4A],				,].	0
4B					Ε		4B],				,].	0
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4E				Τ	Ε		.4E],				,].	0
4F				Ī	Ε		. 4F		١,				,			Ī.	0
4G				I	Ε		4G],		T		,			Ī.	0
4H				Ī	Ε		4H],		Τ		,			Ī.	0
41	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX — Add lines	4A through 4H	and p	rint he	re.		. 41		Ι,				,			Ī.	0
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or	Option 2, see i	nstruc	tions,	page	23.	4J		ĺ,	Ī	T		,			Ī.	0
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result.						4K],				,].	0
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE Subtract Line 4K from Line 3 and print the result.			MENT	Г – 	5A],	Ē	Ī		,			Ĵ.	0
5B	IRC 280(C) WAGE EXPENSE ADJUSTMENT — Print the amount of you expense adjustment. Important! See instructions, page 23					5B],	Ī	Ī		,			Ĵ.	0
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicating the	e 5A. Print the	esult	here a	nd	5C],		Ī		,].	0
	Description	Code						De	scri	otio	n					C	Cod
Into	rest and Dividends on US Government Obligations	015	Anr	ual R	etire	mani	Inco	ma F	vem	ntio	n for	Tayr	aver	rs 65	or ove	r	_

Desc	ription	Code
Interest and Dividends on US Gove	ernment Obligations	01E
Louisiana State Employees' Retirer	ment Benefits	02E
Taxpayer date retired:	_ Spouse date retired:	UZE
Louisiana State Teachers' Retireme	ent Benefits	005
Taxpayer date retired:	_Spouse date retired:	03E
Federal Retirement Benefits		045
Taxpayer date retired:	_ Spouse date retired:	04E
Other Retirement Benefits		
Provide name or statute:		05E
Taxpayer date retired:	_ Spouse date retired:	

Description	Code
Annual Retirement Income Exemption for Taxpayers 65 or over	06E
Provide name of pension or annuity:	UOE
Taxable Amount of Social Security, see instructions, page 22.	07E
Native American Income, see instructions, page 22.	08E
START Savings Program Contribution, see instructions, page 22.	09E
Military Pay Exclusion, see instructions, page 22.	10E
Road Home, see instructions, page 22.	11E
Teacher Deduction, see instructions, page 22.	12E
Recreation Volunteer, see instructions, page 22.	13E
Volunteer Firefighter, see instructions, page 22.	14E
Other, see instructions, page 22. Identify:	15E







$ \mathcal{S} $	ATTACH TO	RETURN	IF	COMPLETED.

Print your Social Security Number.					

		OMPLETED.	Print y	our Social Security N	lumber.		1						
2007 REFUNDABLE TA	X CRI	EDITS									SC	HEDL	ILE F
Credit for Amounts Paid by	Certain M	filitary Servicemembers for ol	btaining Louisia	ana Hunting and Fishing Lie	censes. S	ee insi	tructio	ons, p	age 2	23.			
A Yourself Date	of Birth (N	MM/DD/YYYY)	Dri	iver's License number						5	State c	of issue	
			or	or Identification number							State of issue		
IB Spouse Date	of Birth (N	MM/DD/YYYY)	Dri	ver's License number						5	State c	of issue	
_			or	Identification number						5	State c	of issue	
IC Dependents: List dependen	t name(s)) .											
Dependent name					Date of	Birth (MM/E	D/YY	′YY) _				
Dependent name					Date of	Birth (MM/E	D/YY	′YY) _				
Dependent name					Date of	Birth (MM/E	D/YY	′YY) _				
					Date of	Birth (MM/E	D/YY	′YY) _				
										ī	+	$\overline{}$	
Print the total amount of fee	s paid for	r Louisiana hunting and fishin	ng licenses purc	chased for the listed individ	duals		1D		Ш	, L		Ш	. 00
ADDITIONAL REFUND	ABLE	CREDITS											
Enter description and asso	ciated	code, along with the do	ollar amount	t. See instructions be	ginning	on p	age	23.					
Enter description and asso	ciated	code, along with the do	ollar amount	t. See instructions be	ginning	on p	age	23.					
Enter description and asso		code, along with the do	ollar amount	t. See instructions be	ginning	on p			OF O	CRE	DIT CL	.AIMED	
·		-	ollar amount	CREDIT CODE	eginning	on p			OF (CRE	DIT CL	.AIMED	00
·		-	ollar amount		eginning	on p			OF (CRE	DIT CL	AIMED	. 00
2		-	ollar amount	CREDIT CODE	2	on p			OF	CREI	DIT CL	.AIMED	ŀ
		-	ollar amount	CREDIT CODE	Г	on p			OF	CREI	DIT CL	AIMED	00
2		-	ollar amount	CREDIT CODE	2	on p			OF	CREI	DIT CL	AIMED	00
2		-	ollar amount	CREDIT CODE	2 3	on p			OF	CREI	DIT CL	AIMED	00
2	CREDIT	-		F F	2 3 4	on p			OF	crei	DIT CL	AIMED	00
2 3	CREDIT	DESCRIPTION		F F	2 3 4	on p				,	DIT CL	AIMED	000
Total Refundable Tax Cred Description Inventory Tax	CREDIT	Lines 1D, 2 through 4 and pri Description Telephone Company	int here and on	Form IT-540, Line 21	2 3 4 5],],	AMO	DUNT	Des	, , scrip	otion	AIMED	000 000 000
Total Refundable Tax Cred Description Inventory Tax Ad Valorem Natural Gas	its - Add Code 50F 51F	Lines 1D, 2 through 4 and pri Description Telephone Company Property	int here and on	Form IT-540, Line 21 Description Mentor-Protégé Milk Producers	2 3 4 5	,,	AM	ngel	Des Inves	scrip stor Sout	otion	AIMED	000 000 000 Codd 61F 62F
Total Refundable Tax Cred Description Inventory Tax Ad Valorem Natural Gas Ad Valorem Offshore Vessels	its - Add	DESCRIPTION Lines 1D, 2 through 4 and pri Description Telephone Company Property Prison Industry	int here and on	Form IT-540, Line 21 Description Mentor-Protégé Milk Producers Technology	2 3 4 5	,, ,, Code 57F	AM0	ngel	Des Inves way S	sscrip stor South	otion	AIMED	000 -
Total Refundable Tax Cred Description Inventory Tax Ad Valorem Natural Gas	its - Add Code 50F 51F	Lines 1D, 2 through 4 and pri Description Telephone Company Property	int here and on Code 54F	Form IT-540, Line 21 Description Mentor-Protégé Milk Producers	2 3 4 5	, , , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	AM0	ngel	Des Inves	sscrip stor South	otion	AIMED	- 00 - 00 - 00 - 00 - Code 61F 62F 63F 80F





Add Lines 1 and 2 and print the result here and on Form IT-540, Line 9.



ATTACH TO RETURN IF COMPLETED.	
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	ATTACH TO RETURN IF COMPLETED.	Print your Social Security Number.
200	7 NONREFUNDABLE TAX CREDITS	SCHEDULE G
1	CREDIT FOR TAX LIABILITIES PAID TO OTHER STA income tax liabilities to other states and you were a re A copy of the return filed with the other state(s) m Print the amount of the paid income tax liabilities to the	sident of Louisiana. See instructions, page 25.
2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in Only one credit is allowed per person. See instruction	
	Loss of Mentally Deaf limb incapacita	
	2A Yourself	
	2B Spouse	2D Print the total number of qualifying individuals.
		Only one credit is allowed per person 2D
3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL	
	3A Print the value of computer or other technological eq	ipment donated. Attach Form R-3400. See instructions, page 25 3A
4	3B Multiply Line 3A by 40% (.40) and print the result CREDIT FOR CERTAIN FEDERAL TAX CREDITS	Round to the nearest dollar

ADDITIONAL NONREFUNDABLE CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 25.

	CREDIT DESCRIPTION	CREDIT CODE		AMOUNT OF CRE	DIT CLAIMED	1
5			5	, ,		00
6			6	, , ,		00
7			7	, , ,		. 00
8			8	, , ,		. 00
9			9	, , ,		. 00
10			10	, , ,		. 00
11	TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 1 2E 3B	4B and 5 through	10			00

Description	Code
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155
Employee and Dependent Health Insurance	165

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206
Previously Unemployed	208
Recycling Credit	210

Description	Code
Basic Skills Training	212
Brownfields Investor	216
Dedicated Research	220
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230
Cane River Heritage	232
LA Community Economic Dev.	234
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description

Codo

Description	Code
Digital Interactive Media	254
Motion Picture Resident	256
Capital Company	257
LCDFI	258
New Markets	259
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399





